Strategic Brief/Market Segmentation

For the Marketing and Outreach Campaign to Inform and Enroll Targeted Nevadans into the Silver State Health Insurance Exchange

February 8, 2013

GOALS:

Enroll 118,000 Nevadans in the Nevada health insurance exchange in these categories relative to Federal Poverty Level

- **12,300 Individual Enrollees (>400% FPL)**
- **102,800 Individual Enrollees (138%-400% FPL)**
- **3,500 SHOP Enrollees**

From pre-campaign to post campaign, increase Nevadans' awareness and understanding of the Affordable Care Act's impact on consumers and the benefits of the Exchange concept.

I. SECONDARY RESEARCH ABOUT THE UNINSURED POPULATION (THE TARGET MARKET OF THE EXCHANGE):

How is our population comprised and how do they feel/act/behave about insurance coverage and the Exchange concept?

A. FINDINGS FROM LOW-INCOME ADULTS IN THREE STATES FROM A ROBERT WOOD JOHNSON FOUNDATION FUNDED STUDY IN JUNE 2012 – CONDUCTED BY LAKE RESEARCH PARTNERS FOR STATE HEALTH REFORM ASSISTANCE NETWORK (ALABAMA, MARYLAND AND MICHIGAN); PRIOR FOCUS GROUP RESEARCH COMPLETE FOR THE EXCHANGES IN CALIFORNIA, VERMONT AND MASSACHUSETTS:

KEY FINDINGS ABOUT INSURANCE:

- Many were previously insured
- If not insured now, it was due to: unemployment, too expensive through employer, lack of employer-provided insurance, aging out
- Most view lack of insurance as major problem/worrisome
- Most value insurance and would have if they could afford it
- Most describe prior experience shopping for insurance as frustrating/troublesome
- Insurance is a serious matter
- Worries: incurring large bills if care needed, income depends on ability to be healthy and work, those with families worried about members
- Staying healthy resonates more with women and "prevent large medical bills" resonate more with men
- Many had shopped online for insurance in past

ATTITUDES TOWARD NEW SYSTEM (THE EXCHANGE)

- Usually some awareness of the change but wide range of knowledge levels, especially on the Exchange concept itself
- Spanish-speaking respondents usually less aware of the change
- Once explained, they like the concept of the Exchange (but the word itself confuses them)
- Use straightforward and easy to understand language to describe the Exchange's function and on the website itself
- This is serious matter - use serious language on the website and in describing the Exchange
- Don't use gimmicky language, or make it sound as though they are being sold a product; they simply want the facts
- Skepticism that high quality and affordable plans will be available
- Concern about affordability is number one barrier stated to using an Exchange across all studies
- Strong support of "marketplace" where health insurance shopping would be easy and convenient
- Preferences for: having choice, ease and convenience of searching for and shopping in one place and possibility that competition would make plans more affordable
- In using the Exchange, would like to feel "confident they are making the right decision" and relieved they have made the right choice and gotten insurance they can afford
- Everyone - even Internet savvy - want option for help in using the Exchange (most prefer by phone or in person and younger persons via online chat)
- Not much concern about security of information on the Exchange online
- Idea of enrollment at government service offices, medical settings, libraries (don't like idea of enrolling in a "retail" setting due to privacy)
- Reactions to individual mandate are mixed: some say it would motivate and some have strong opposition to being "forced" or "fined"
- For small businesses, an additional motivator is that they can compare side by side/shop for and buy insurance online, and save money on broker fees and possibly receive a tax credit

STATED BENEFITS/BARRIERS TO BUYING INSURANCE:

- Financial peace of mind
- Prevention and access to care when needed
- PRICE will be EXTREMELY important: most say if they can afford a plan they will buy one, and if not, they won't
- California research: what's affordable -- $25-50/month for individuals and $100-$150 for family of four

FAVORABLE MARKETPLACE POSITIONING:

- Self and family as beneficiaries, then community
- Place for one-stop shopping (easy search/compare/buy)
- Straightforward and easy to use
- Place to understand options, how they compare, enroll in right plan for me (and feel confident that they did make the right choice)
- Opportunity to access care
- It's a benefit for those who could not previously afford insurance

LESS FAVORABLE MARKETPLACE POSITIONING:

- Government offered/operated (less trust,) so didn't believe "trustworthy, reliable source"
- Idea of marketplace as "advocate"
- Competitive, trustworthy and affordable health plans-- skeptical of claims

MESSAGING PLATFORMS TESTING WELL (MOTIVATIONAL CONCEPTS):

- Financial peace of mind/protection from bills (medical bills add up fast, accidents can happen)
- Staying healthy: Enable access to care and to prevention services ("having regular check ups" and other prevention services, and "your family depends on you")
- To describe the actual Exchange, terms liked: side by side comparison, easy to understand language, lists basic services and comprehensive health plans, fits your needs and budget, high-quality, no guesswork, you may even qualify for financial help, no sales people, won't be denied if you have a pre-existing condition

MESSAGING PLATFORMS NOT TESTING AS WELL:

- Personal responsibility
- More general and vague health and wellbeing messages
- To describe the actual Exchange, terms disliked: state-certified, a click away, trained specialists you can call for help, "you can trust your health plan to be there when you need it most"

MIXED REACTIONS:

- Reactions to messages about individual mandate are mixed: some say it would motivate and some have strong opposition to being "forced" or "fined"
- Affordable - many skeptical that any insurance is affordable, but some like the concept and hope of it being affordable

FOR THE EXCHANGE WEBSITE ITSELF:

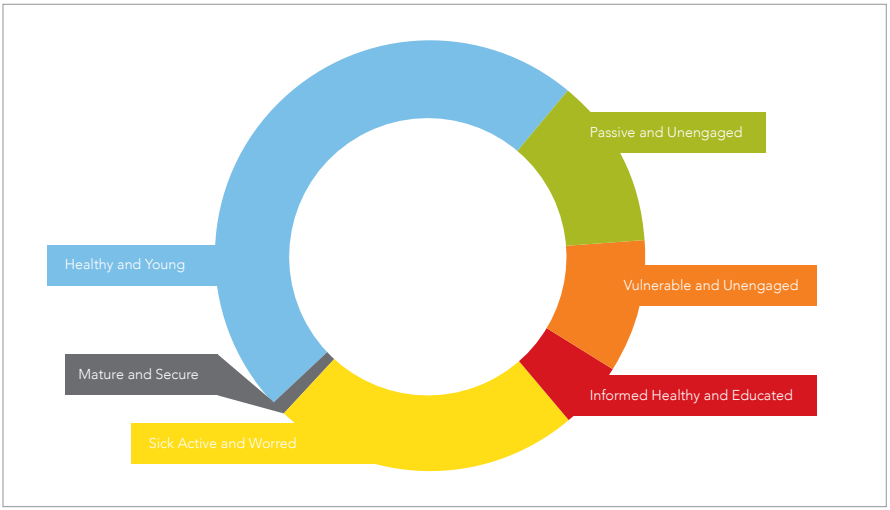
- Clear, simple layout
- Images are very important - families and doctors
- No gloomy colors or images (too threatening)
- Reflect the state of origin - if not in the name, then in images
- Clear, simple navigation elements
- Insurance logos of the products lend credibility and help convey the purpose of the site

B. CMS ATTITUDE SEGMENTATION FOR EMERGING HEALTH INSURANCE MARKETPLACE:

- Lifestyle/psychographic (how they use info, behave, react to important issues)
- CMS six segments focus on lifestyle/psychographics
- Over 92% of the uninsured respondents in the study fall into one of three segments: 29% are Sick and Worried, 48% are Healthy and Young, and 15% are Passive and Unengaged/Skeptical

SEGMENT	AGE	HEALTH STATUS	IMPORTANCE OF HEALTHCARE INFORMATION	PREVENTION	WORRY
Informed, Healthy & Educated - 17.2%		Better	Important	Uses	
Sick, Active & Worried - 23.2%		Worse	Important		Worried
Mature & Secure - 11.7%	Older	A Little Better	Important	Uses	Not
Healthy & Young - 19.6%	Younger	Better	Not Important		Not
Passive & Unengaged - 20.4%		A Litter Better	Not Important	Does Not	Not
Vulnerable & Unengaged - 7.9%		Worse	Not Important		Worried

CMS SEGMENTS AND THE UNINSURED



COMPARING THE UNINSURED SEGMENTS

SICK, ACTIVE & WORRIED	HEALTHY & YOUNG	PASSIVE & UNENGAGED
Cost is cited as main reason for being uninsured by 79%; 60% have been noncompliant with medications due to cost.	Cost is cited as main reason for being uninsured by 54%; 33% have been noncompliant with medications due to cost.	Cost is cited as a main reason for being uninsured by 73%; 33% have been noncompliant with medications due to cost.
Health is fair to very poor; 67% have a chronic condition, 34% report a disability.	Health is excellent to very good; 4% have a chronic condition, 5% report a disability.	Health is fair to excellent; 23% have chronic condition; 12% report a disability.
79% use internet	91% use internet	62% use internet

COMPARING THE UNINSURED SEGMENTS: DEMOGRAPHICS

SICK, ACTIVE & WORRIED	HEALTHY & YOUNG	PASSIVE & UNENGAGED
59% female	43% female	46% female
58% High School or less	56% High School or less	63% High School or less
67% with chronic condition	4% with chronic condition	23% with chronic condition
53% married	41% married	56% married
42% employed	57% employed	56% employed
77% Caucasian 16% African American 15% Hispanic	62% Caucasian 16% African American 22% Hispanic	62% Caucasian 29% African American 15% Hispanic
90% likely to qualify for subsidy	84% likely to qualify for subsidy	82% likely to qualify for subsidy

THEMES AND SEGMENTS

	SICK, ACTIVE & WORRIED	HEALTHY & YOUNG	PASSIVE & UNENGAGED
Common Themes Across Segments	Cost-conscious and sensitive to motivational propositions emphasize high perceived value, getting a good deal, best deal for the dollar. Family centered lifestyles and obligations.	Cost-conscious and sensitive to motivational propositions emphasize high perceived value, getting a good deal, best deal for the dollar. Family centered lifestyles and obligations.	Cost-conscious and sensitive to motivational propositions emphasize high perceived value, getting a good deal, best deal for the dollar. Family centered lifestyles and obligations.
Distinct Themes Among Segments	Willingness to take a chance and do things their own way. Preferences for simple and straightforward with "no frills."	Image-conscious, interested in self-improvement. Open minded, interest in having the "latest and greatest."	Live for today. Preference for known brands ["the real thing"].

KEY COMMUNICATION NEEDS

Healthy & Young - Motivational messages with a focus on making a smart decision.

Sick Active & Worried - Awareness of new options will be critical, fewer motivational barriers, but may need help sharpening skills to make best use of information.

Passive & Unengaged - Motivational messages with a focus on independence, control, testimonials. In addition, skill building and support will be especially needed for those in the Passive & Unengaged Segment

C. ROBERT WOOD JOHNSON RESEARCH SEGMENTATION:

- Experienced and Enthusiastic (have some prior experience with government services and plans): motivated by staying healthy but some also in preventing medical bills; they just need to be informed of new program
- Cost-Conscious (little experience with prior plans/services): less enthusiastic about insurance, most motivated about concerns over medical bills; probably not motivated to enroll in insurance plans
- Barrier Bound: like experienced and enthusiastic but are concerned about eligibility, doubt they'll find a plan they can buy, dominated by women
- Rural Reluctants: live in rurals, concerns about eligibility and finding plans they can afford and are eligible for

D. BRIDGES OUT OF POVERTY INSIGHTS AND SEGMENTATION

- Three segments - Wealthy, Middle Class, Poverty
- For adults from poverty, the primary hope for their success will be their relationships
- Need to be able to communicate with those in poverty using language they understand and comprehend - simple terms, graphics/images
- Those in poverty form an opinion about something in the first 15 minutes - need to create the "relationship" immediately
- The "now" and surviving the day is what people in poverty think about; difficult to think too far in the future, no concept of future
- Families in poverty respond well to clearly outlined choices and consequences

- Family structure evolves to meet the survival needs of the family as a single unit
- Stories found to be effective forms of communication with those in poverty
- Must approach messaging with mutual respect in tone and language
- Family structure in poverty stricken homes are typically matriarchal - gender roles will play into how a family must be communicated with
- Those in poverty use of casual register in language for survival, and respond well to this register since it is seen as more "accurate"
- Survival, relationships and entertainment are motivating and driving forces to those in poverty
- Those in poverty believe in fate - cannot do much to mitigate change
- Those in poverty see the world in terms of local settings

E. AUDIENCE DATA AND SEGMENTATION FROM NEVADA'S EXCHANGE SANCTIONED STUDIES:

This section includes additional information about the consumer who may use the Exchange – national and Nevada based information from studies completed by the Nevada State Demographer using Census data, and the Public Consulting Group, a contractor of the State of Nevada Department of Health and Human Services:

THE NEW CONSUMER MARKET

The number of new and shifting consumer purchasers in the insurance market could be >100 million by 2016. Some consumers will be moving from markets where they had 1-2 options to markets where they will have numerous choices; others will be purchasing insurance for the first time. Plans will need to understand three elements as they seek to capture market share:

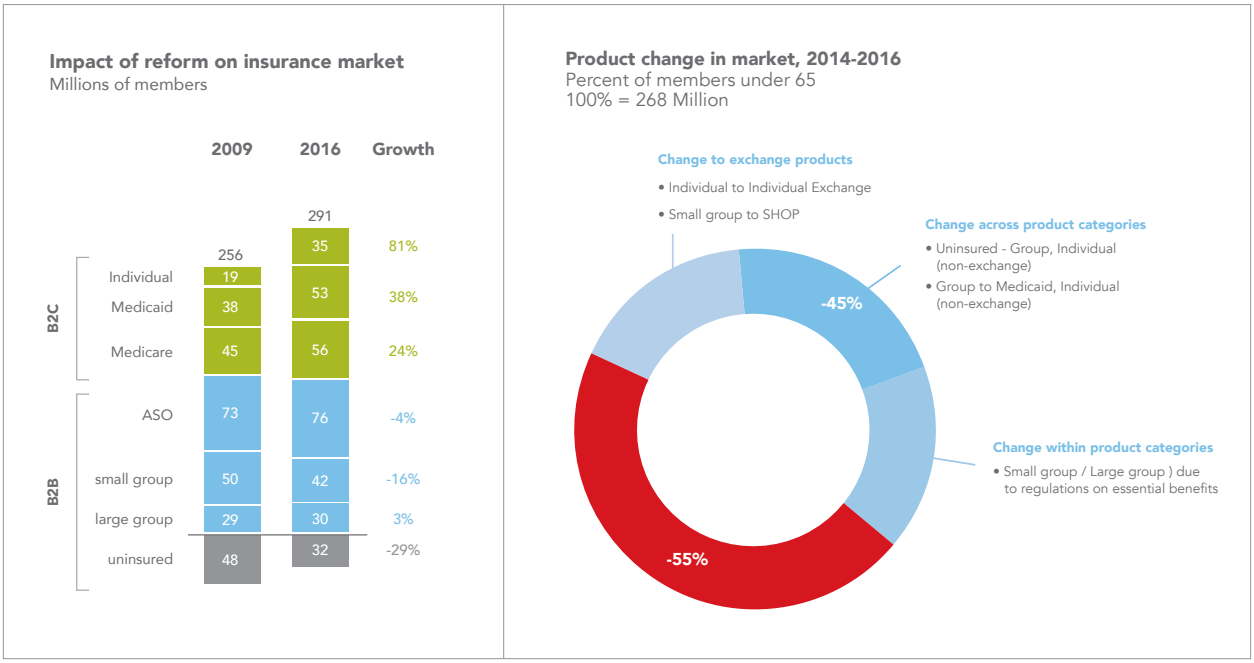
- Who is in these new consumer segments?
- What will they want and need?
- What will entice them to stay with their plan?

THE NEW CONSUMERS: WHO ARE THEY?

CONSUMERS IN TRANSITION

Currently, consumers transition between markets (employer-sponsored, individual, Medicare, Medicaid, uninsured) during job losses/gains, when dependent children age out, when they become eligible or ineligible for public programs, or when coverage becomes affordable/unaffordable. Health reform will change these dynamics considerably. Health reform will impose a series of individual and employer mandates, coupled with subsidies to encourage individuals to purchase insurance. We expect the uninsured to gain coverage through the individual and Medicaid markets. But less certain is whether and to what degree employers will shift from employer-sponsored coverage to self-insured or provide a defined benefit for their employees to seek individual coverage. McKinsey & Company has projected a scenario in which >100 million individuals will be in motion over the next few years (see Figure 1).

FIGURE 1: IMPACT OF PACA REFORM ON INSURANCE MARKET AND PRODUCT CHANGE IN MARKET



Source: McKinsey Health Reform team analysis, McKinsey MPACT model, CBO estimates

Based on these estimates and others, Health Dialog lists below the key markets they expect to experience the greatest shifts as a result of PACA.

INDIVIDUAL MARKET

This market is uncharted territory for many plans and volatile for many consumers. Health reform is expected to bring at least 16-24 million new people into the individual insurance market by 2019[1]. Pressure on margins could lead employers to shift from a defined benefit to a defined contribution, especially if the costs of the contribution plus the penalty are lower than the defined benefit costs. Under this scenario, the individual market could become much larger. In either case, plans will need to increase their focus on these individuals. From the consumer perspective, policy-makers expect the new requirements around pre-existing conditions and guaranteed issue to provide greater coverage options for individuals.

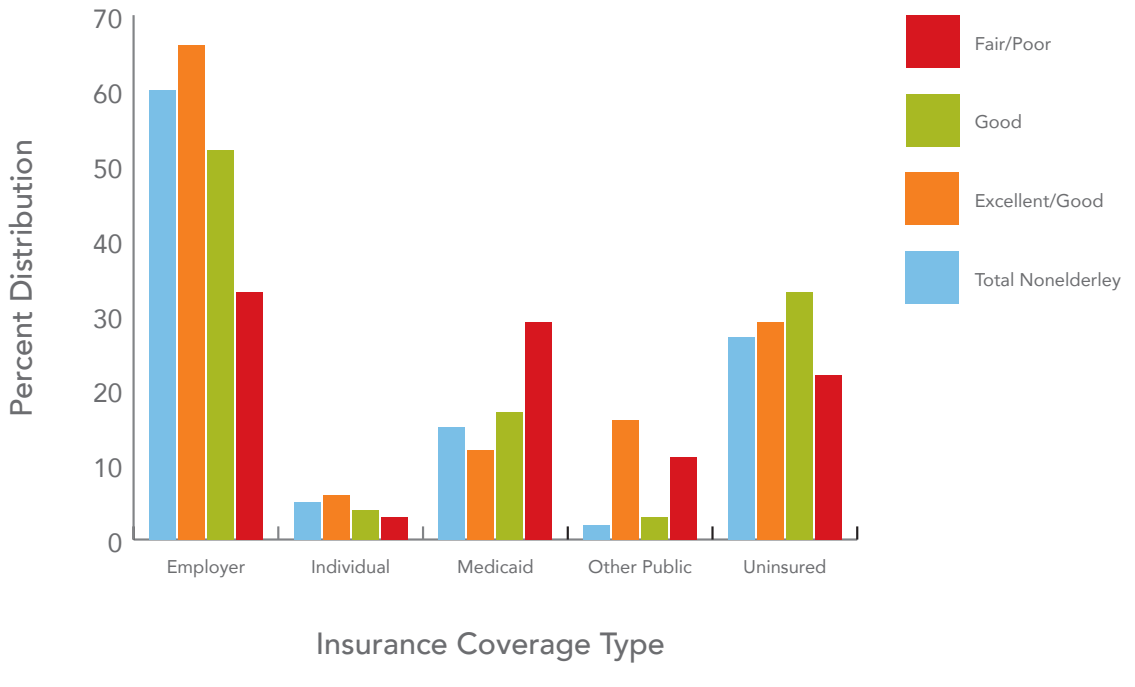
EMPLOYER-SPONSORED

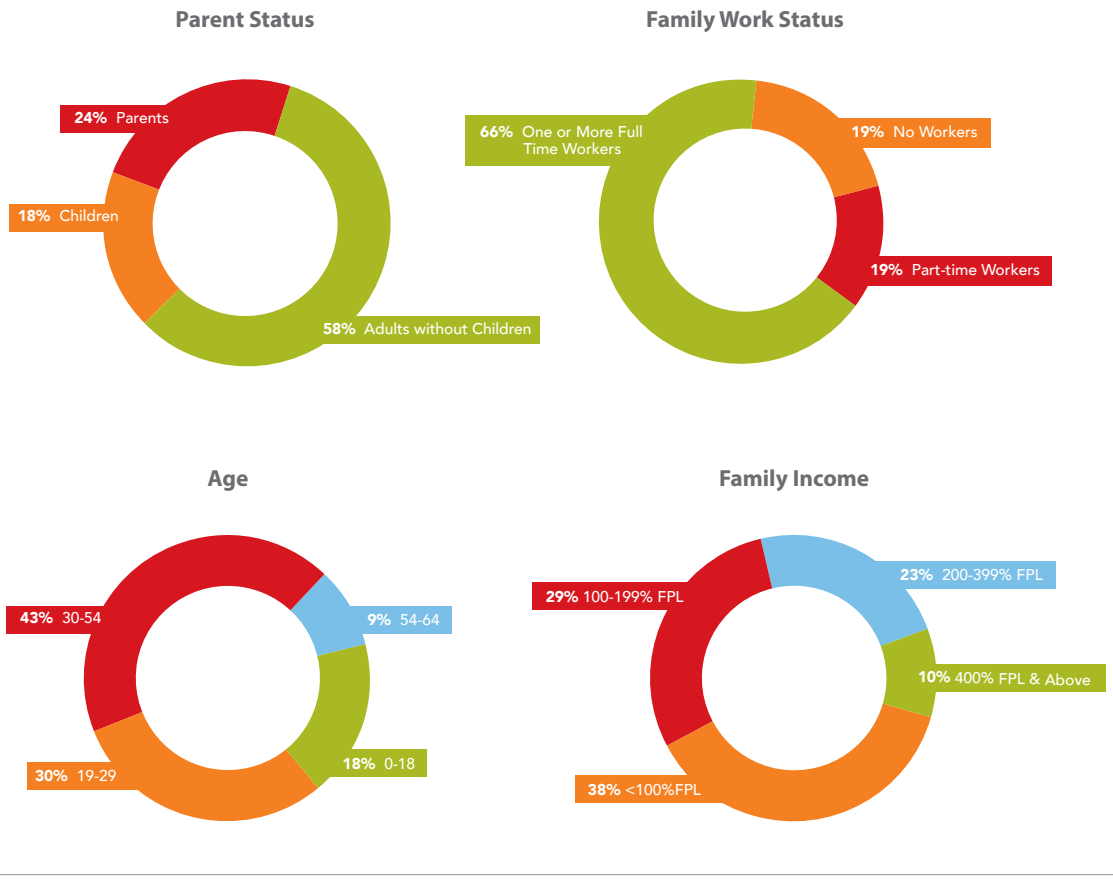
Many employers maintain that they will continue to sponsor large group coverage, but it is possible, particularly if several leading employers chart the path, that a number of employers will elect to provide employees with vouchers or ask employees to purchase insurance in the individual market. For employers that do offer programs, health reform is likely to accelerate the trend toward self-insurance in order for them to take advantage of the many insurance reform exemptions, including community rating, guaranteed issue, and essential benefit packages, among others[7]. It remains to be seen how states will define the size requirements around employers participating in the insurance exchanges.

UNDERSTANDING THE NEW PURCHASERS

In a world with guaranteed issue, health plans will need to consider strategies that balance their risk pools with a mix of healthy and higher risk individuals. As formerly uninsured individuals gain insurance, health plans will need to understand their characteristics. The current uninsured population is comprised of three predominant segments: 1) Young Invincibles, 2) High Risk Uninsurables, and 3) Working Families – those who did not purchase insurance and those who could not purchase insurance (see Figure 2).

FIGURE 2: HEALTH ST FIGURE 3: HEALTH STATUS PERCENT DISTRIBUTION BY INSURANCE COVERAGE TYPE, 2008





YOUNG INVINCIBLES

This is a segment made up of young, single adults, ages 19 to 29. Many are uninsured, mainly due to their low incomes. Some of the Young Invincibles will gain coverage through their parents' plans and some will be newly eligible for Medicaid (which prevented childless adults from participating prior to health reform, unless states sought waivers). Some may also purchase catastrophic coverage provided in the Affordable Care Act specifically for young adults.

HIGH RISK UNINSURABLES

These are the portions of the uninsured that are in fair or poor health. Almost half of all uninsured nonelderly adults have a chronic condition. In addition, the Centers for Disease Control and Prevention (CDC) indicate that adults without insurance are less likely to be able to manage chronic conditions. 59% of the currently uninsured compared to 18% of the insured skipped doses or did not fill prescriptions because of cost. 35% of the currently uninsured visited the emergency room, hospital, or both for chronic condition care, compared to 16% of the insured. Furthermore, the uninsured tend to have higher costs and utilization rates once they do gain insurance.

WORKING FAMILIES

This segment is comprised of uninsured families who have at least one part time or full time worker. The Kaiser Family Foundation concludes that the trends of declining employer-sponsored coverage, the pre-health reform Medicaid eligibility limitations, and the inability of families to afford insurance on their own, left many in this segment without options.[2]

IN SERVING THESE NEW HEALTH CONSUMERS THERE ARE THREE AREAS FOR PLANS TO CONSIDER:

HEALTH LITERACY FOR ALL GROUPS

Many members of these groups will be entering the insurance market with a poor understanding of health insurance, coverage, and general health information. Ninety million Americans—nearly half the adult American population—have limited health literacy skills. Research shows that patients who do have a basic understanding of medical information do a better job of promoting their own health and wellness, as well as managing chronic illnesses.[3] Creating clear, concise messaging for health care ensures that these new consumers and their families get the care they need, and also that they will be able to navigate the complex US healthcare system [13].

CARE MANAGEMENT FOR HIGH RISK/UNINSURABLES

With new high-risk members and guaranteed issue, impactful care management becomes essential. Not only will it become a required part of essential health plan benefits, delivering impactful care management will mean the difference between a manageable upward cost trend and one potentially spiraling out of control.

VALUE PROPOSITION FOR YOUNG INVINCIBLES AND WORKING FAMILIES

Wellness benefits and shared decision making services that empower a new generation of healthcare consumers will attract the newest members of the insurance market and give them a reason to establish a brand preference.

NEW PURCHASING PRACTICES: WHAT DO CONSUMERS WANT? CONSUMER PURCHASING BEHAVIOR

Recent research provides insight into factors that affect insurance purchasing decisions. A combination of economic anxiety, information overload, and imperfect distribution channels has led consumers to feel confused and overwhelmed. Cost, simplicity, personalization, brand reputation, and recommendations from trusted sources rank high among consumers in considering a health insurer[4].

PRICE ELASTICITY

A study by Massachusetts Institute of Technology and the National Bureau of Economic Research gauged how sensitive low-income consumers were to price changes when deciding to purchase or stay with a health plan under Massachusetts' health reform. They found that among this population, a $10 increase in monthly premiums correlated to an 8-16% reduction in the expected relative probability of choosing a given plan. They also found that new purchasers who are healthy have significantly higher price sensitivity than new purchasers who are less healthy[5]. This underscores the need for plans to price competitively as they seek to attract balanced risk pools.

MEMBER COMMUNICATION

In a survey of 33,000 members of individual and group health plans, JD Power and Associates found that member satisfaction with coverage, benefits, statements, and information and communication all decreased in the last year. Some of this was driven by members' poor understanding of their plan benefits and how to access them. But the study also found that plans that built consumer relationships through member education, communication, and reliable delivery of services performed well against the overall negative backdrop[6].

IMPORTANCE OF BRAND

Understanding how consumers connect with brands and how that impacts purchasing decisions will be essential in a world where benefits and costs may be very similar across plans[7]. Consumers will be influenced by brand perceptions – and this trend looks set to favor the Blues, based on a recent study released by Harris Interactive (see Figure 3).

FIGURE 3: HARRIS INTERACTIVE 2010 EQUITREND BRAND SURVEY RESULTS [8]

TOP 6 RANKED HEALTH INSURANCE BRANDS	SCORE
Blue Cross/Blue Shield Health Insurance	57
Aetna Health Insurance	51
United Healthcare Insurance	50
Kaiser Permanente	49
CIGNA Health Insurance	48
Humana Health Insurance	44

THE NEW HEALTH EXCHANGE CONSUMERS EXPECTED IN NEVADA

WHO ARE THEY?

With approximately one in five residents uninsured, Nevada has a higher rate of uninsured than almost any other state. Based on the US Census Bureau's Current Population Survey (CPS) for 2008 and 2009, approximately 513,810 Nevadans were uninsured, and approximately 546,000 Nevadans were without coverage at any point in time during the year. Using a two-year average, approximately 19% of Nevadans were uninsured, up by almost one-third from 15.4% in 2001.[9]

- Among non-elderly adults, over 27 percent of Nevadans – or approximately 445,000 residents between the ages of 18 and 64 – are uninsured, compared to 20.5 percent of all non-elderly US adults.
- Nevada has a disproportionate share of young adults (ages 18 to 34) that are without health insurance -- approximately 224,640 individuals in this age cohort comprising roughly 40% of Nevada's uninsured population.
- A relatively large number of Nevada children lack health insurance, with approximately 17.8 percent or 121,386 children uninsured. This is more than twice the national average of 8.5 percent of US children who are uninsured.
- Among Nevada families with income at or below 200% FPL, roughly one in four children lack health coverage.
- The rise in unemployment over the past several years has led to an increase in the uninsured, as the percentage of residents without health coverage climbed from 17% to 22% between 2007 and 2009. This number has likely increased further over the past 18 months as the economy has deteriorated.
- Over 70% of the uninsured are US citizens and over 50% are employed, although many of the uninsured report working less than full time and/or work for employers that do not offer employer-sponsored insurance.
- The uninsured are disproportionately Hispanic (comprising 45% or roughly 260,000 of those who are uninsured) and lower income, with approximately 75% -- or an estimated 318,500 individuals -- in families with income at or below 300% of the Federal Poverty Level (FPL). [10]
- Nevada's uninsured population is larger than the national average and is increasing. In addition, the State has a higher than average number of children, particularly in families with limited income, who are uninsured. Close to seventeen percent (16.8%) of Nevada children under the age of 6 are uninsured compared to 7.0 percent nationally; and 18.3% of Nevadans between the ages of 6 and 17 are uninsured compared to 9.4 percent across the country.

TABLE 1: PERCENTAGE OF CHILDREN WITHOUT HEALTH INSURANCE, 2009

AGE RANGE	% NEVADA UNINSURED POPULATION	% US UNINSURED POPULATION
Under 6 years old	16.8%	7%
6 to 17 years old	18.3%	9.4%
All children less than 18 years old	17.8%	8.5%

A separate survey by the US Census Bureau estimates that approximately one-in-four children in Nevada with family income under 200% FPL are without health coverage. [11] With the Nevada Check Up program's income eligibility standards at 200% FPL, the State has an immediate opportunity to reduce the number of uninsured children by enrolling more Nevada Check-Up eligible children.

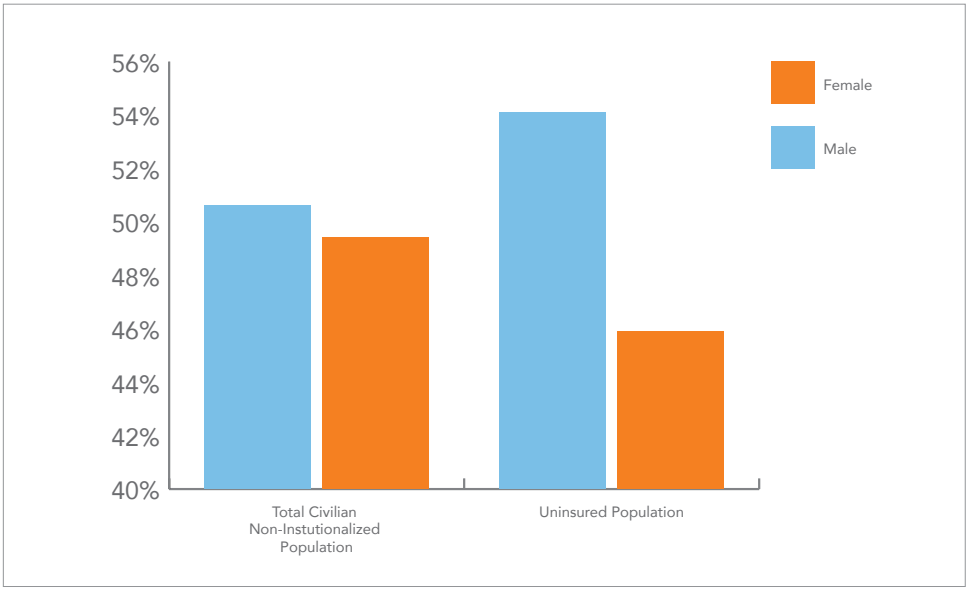
DEMOGRAPHIC ANALYSIS OF NEVADA'S UNINSURED

The following section provides a more detailed demographic analysis of the State's uninsured. The intent is to identify any defining characteristics by which Nevada's uninsured residents may differ from the State's population and/or from the US average. This information can then be used to help inform outreach, education and enrollment efforts, which will be critical to the successful Medicaid expansion and Exchange implementation.

AGE AND GENDER

More men than women are uninsured in Nevada (54.1% versus 45.9%) despite the fact that the male-to-female ratio is almost equal (50.6% versus 49.4%). This distribution of the uninsured by gender is consistent with national trends.

FIGURE 5: NEVADA'S GENERAL AND UNINSURED POPULATION BY GENDER, 2009:



The uninsured are generally younger than the overall Nevada population.

The median age of Nevada's civilian population is 35.5 years of age, compared to the median age of 29.8 for Nevadans that are uninsured;

Over 60% of all uninsured Nevadans are under the age of 35;

Those between the ages of 35 and 44 have slightly higher rates of uninsured than their share of the overall population; and

Residents age 65+ are the least likely to be uninsured. [12]

FIGURE 6: NUMBER OF NEVADA'S UNINSURED BY AGE, 2009

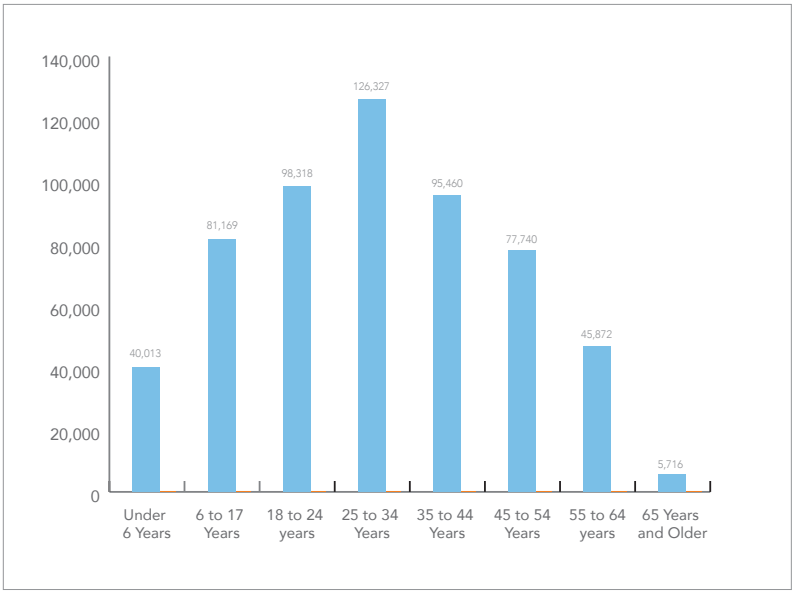
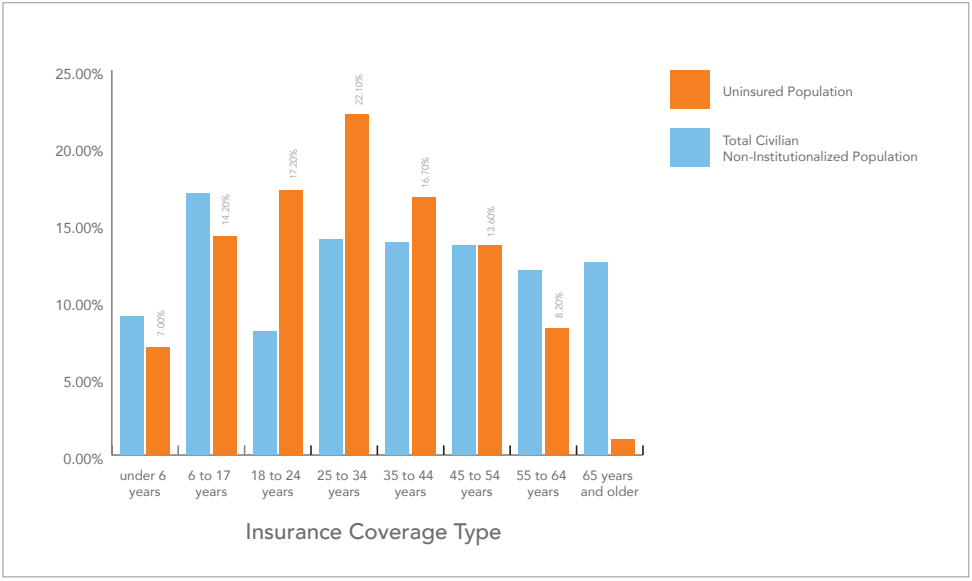


FIGURE 7: PERCENT OF NEVADA'S UNINSURED BY AGE COMPARED TO OVERALL NEVADA POPULATION AGE RANGES, 2009[13]



RACE, ETHNICITY, NATIONALITY AND LANGUAGE

- Nevada has a large number of residents that define themselves as Latino or Hispanic (of any race), constituting approximately 27% of the State's population. Individuals who are white only (non-Hispanic) account for roughly 56% of all Nevadans. Black or African-Americans constitute approximately 8% of the State's population.
- In the United States, 65% of the population are white only (non-Hispanic), approximately 12% Black or African-American and 16% Hispanic or Latino (of any race).
- Despite making up roughly 27% of the overall State population, Hispanics account for almost half (45%) of the uninsured.
- Over 37 percent of Nevada's Hispanic population – or approximately 258,000 people – are uninsured.
- While the American-Indian and Alaska Native population make up less than two percent (1.6%) of the State's uninsured, it is worth noting that 30% are without health insurance. [14]

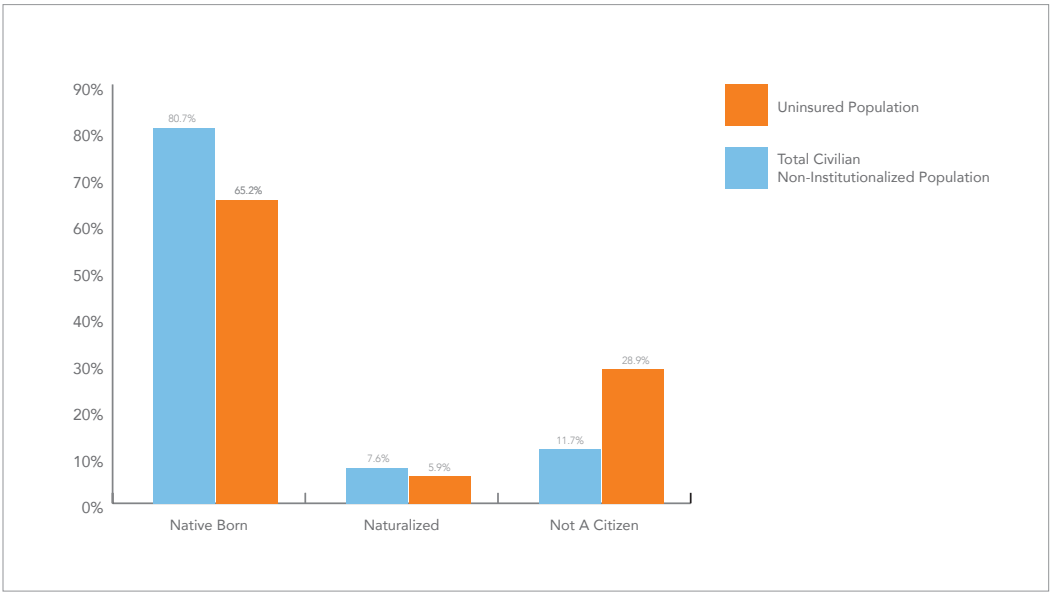
TABLE 2: NEVADA'S UNINSURED POPULATION BY RACE AND ETHNICITY, 2009

	TOTAL NEVADA POPULATION	% OF TOTAL NEVADA POPULATION	NEVADA UNINSURED POPULATION	% NEVADA UNINSURED POPULATION	UNINSURED BY RACE AND ETHNICITY
White alone, not Hispanic or Latino	1,452,405	55.65%	222,852	38.99%	15.34
Hispanic or Latino (of any race)	693,984	26.59%	258,298	54.19%	37.22%
Black or African American	197,203	7.56%	39.179	6.85%	19.87%
American Indian and Alaska Native alone	30,682	1.18%	9,243	1.62%	30.13%
Asian alone	173,786	6.66%	29,839	5.22%	17.17%
Native Hawaiian and Other Pacific Islander	13,464	.52%	2,752	.48%	20.44%
Other (two or more races/ other race non-Hispanic)	48,517	1.86%	9,452	1.65%	19.48%
Total	2,610,041	100%	571,615	100%	21.9%

An analysis of the uninsured population by 'languages spoken in the home' found that 'English only' or 'English and another language' accounted for approximately 87% of the uninsured. [15]

- The majority of uninsured Nevadans, 65% or approximately 372,917 people, are natural-born U.S. citizens.
- A further 6% (or 33,714) are naturalized citizens.
- Non-citizens are over-represented in the uninsured population. They constitute roughly 12% of the population but 29% of the total uninsured population.
- Information on the legal residency status of the estimated 164,984 uninsured, foreign-born, non-citizens, was not captured.[16]
- As a result, we do not know how many of the foreign-born, non-citizens are lawful residents, which is a requirement of coverage through the Exchange and Medicaid.

FIGURE 8: NEVADA'S UNINSURED POPULATION BY CITIZENSHIP STATUS, 2009



TRANSIENCE

According to the US Census Bureau's ACS for 2009, the overwhelming majority of Nevada's uninsured (70.5%) reported living in the same house that they were residing in 12 months prior indicating a relatively stable population.

TABLE 3: NEVADA'S UNINSURED POPULATIONS BY RESIDENCE IN THE PRIOR YEAR, 2009

CURRENT RESIDENCE COMPARED TO RESIDENCE 12 MONTHS PRIOR	% OF NEVADA'S POPULATION	% OF NEVADA'S UNINSURED POPULATION
Same house	79.3%	70.5%
Different house same county	15.4%	21.4%
Different house different county	.7%	.8%
Different house different state	4%	6%
Different house different country	.6%	1.3%
Total	100%	100%

However, as reflected in the table above, the uninsured population is slightly more transient (i.e., more likely to have moved in the most recent 12 month period) than the Nevada population at large.

- Compared to where they were living 12 months before, the uninsured report lower levels of residence in the same house (70% versus the Nevada state average of 79%).

In summary, although slightly more transient, 92% of Nevada's uninsured reported residing in the same county that they lived in 12 months prior, suggesting that outreach and enrollment efforts targeted at the county level may be a reasonable strategy to pursue.

EDUCATION STATUS

As reflected in the chart and table below, there is a strong correlation between the level of educational achievement and likelihood to be uninsured in Nevada (and in the country as a whole).

- Those who did not graduate from high school are greatly over-represented in the uninsured population relative to their total population.
- The same is true, albeit to a lesser extent, for those who only graduated high school.
- Those with some college or an associate's degree accounted for a further 27% of the uninsured.
- Approximately 89% of Nevada's uninsured do not have a Bachelor's degree (or higher).
- Relatively fewer uninsured residents are employed (and more are unemployed) compared to the State's overall population. Nevertheless, over 50% of the uninsured reported being employed in some capacity. [17]

FIGURE 9: PERCENTAGE OF NEVADA'S UNINSURED POPULATION BY EDUCATION, 2009

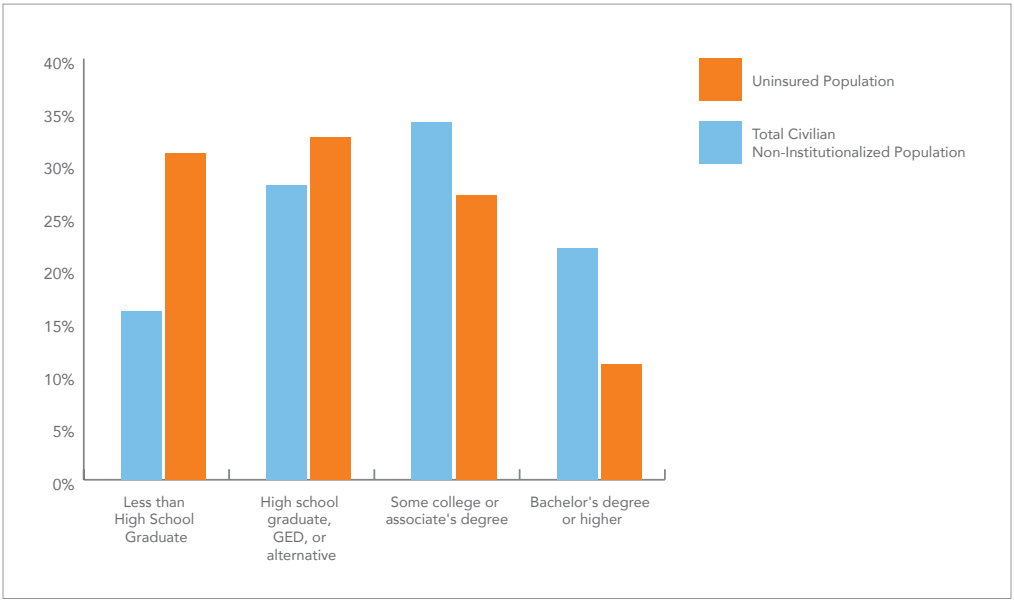


TABLE 4: PERCENTAGES OF NEVADA TOTAL POPULATION BY EDUCATION LEVEL, PERCENTAGE OF NEVADA UNINSURED POPULATION BY EDUCATION LEVEL, PERCENTAGE OF UNITED STATES UNINSURED POPULATION BY EDUCATION LEVEL; 2009

	% OF NEVADA'S TOTAL POPULATION	% OF NEVADA'S UNINSURED POPULATION	% OF UNITED STATES UNINSURED POPULATION
Less than high school	16%	30.7%	27.9%
High school graduate only	28.7%	31.9%	34.1%
Some college/ associates degree	33.5%	26.8%	26.4%
Bachelor's degree or higher	21.9%	10.6%	11.6%
Total	100%	100%	100%
	Total	100%	100%

Understanding the educational background and literacy levels of the uninsured will be particularly important as the State initiates outreach, education and enrollment efforts for the Medicaid expansion and Exchange implementation.

EMPLOYMENT STATUS

The chart below shows that the uninsured are far less likely to have worked in a full time job throughout the year (30% versus 50%) and more likely to have worked less than full time (40% versus 28%).[18]

- Shift-based, seasonal or other irregular forms of employment raise important policy questions and eligibility challenges for the Exchange and other public programs working in collaboration with the Exchange.
- Specifically, the Exchange and the State's Medicaid and CHIP programs must be equipped to manage an enrollment and eligibility process for individuals who are likely to cycle between publicly subsidized programs and/or in and out of public programs during the year. [19]

FIGURE 10: NEVADA UNINSURED BY EMPLOYMENT STATUS, 2009

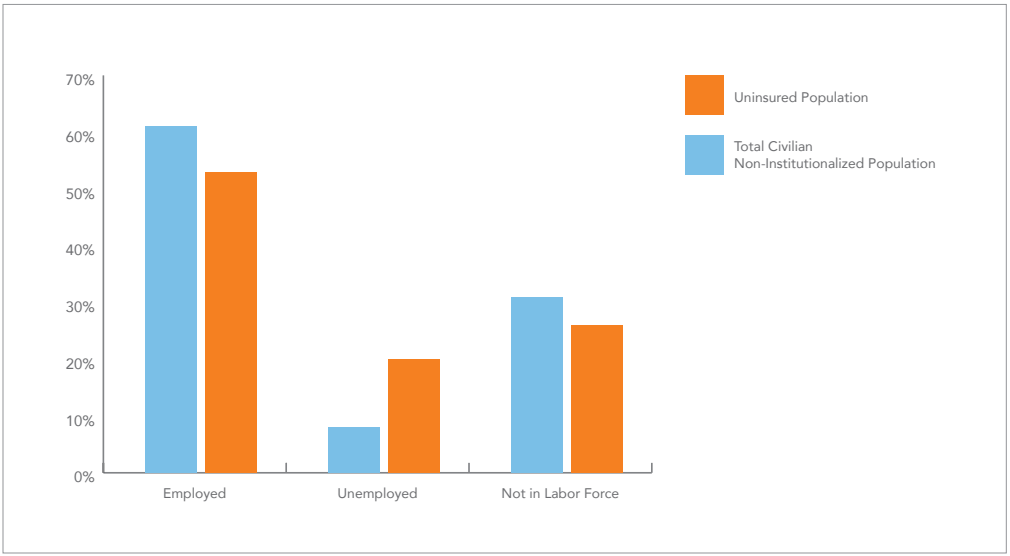
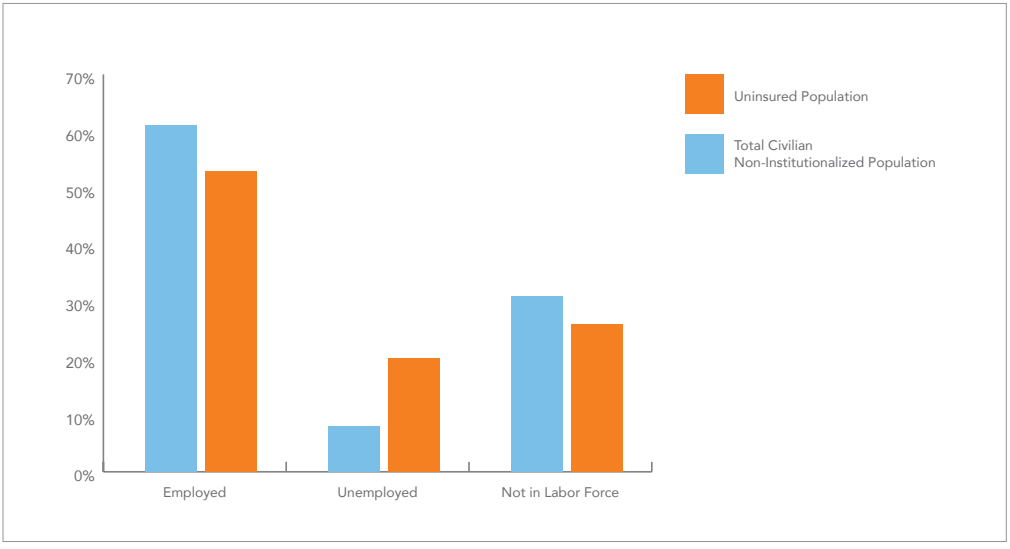


FIGURE 11: NEVADA UNINSURED BY WORK HISTORY IN THE PRIOR 12 MONTHS, 2009



The tables below provide additional information on the approximate 250,000 working uninsured.

- Roughly 84% were employed in the private sector and 11% were self-employed.

TABLE 5: NEVADA'S WORKING UNINSURED POPULATION BY EMPLOYER TYPE, 2009

	NEVADA'S WORKING UNINSURED BY EMPLOYER TYPE	% OF NEVADA'S WORKING UNINSURED BY EMPLOYER TYPE
Employee of private company workers	209,574	83.8%
Self-employed in own incorporated business workers	7,253	2.9%
Private not-for-profit wage and salary workers	7,002	2.8%
Local government workers	4,251	1.7%
State government workers	1,751	.7%
Federal government workers	1,000	.4%
Self-employed workers in own not incorporated business	19,007	7.6%
Unpaid family workers	250	.1%
Total	250,0898	100%

An analysis by industry type, found that just five industries account for 76% of the group.

- 26.5% of the uninsured are employed in the arts, entertainment, recreation, accommodation and food services industry.

TABLE 6: NEVADA'S WORKING UNINSURED POPULATION BY INDUSTRY TYPE, 2009

	NEVADA'S WORKING UNINSURED BY INDUSTRY TYPE	% OF NEVADA'S WORKING UNINSURED BY INDUSTRY TYPE
Arts, entertainment, and recreation, and accommodation and food services	66,273	26.5%
Professional, scientific, and management, and administrative and waste management services	37,013	14.8%
Retail trade	34,762	13.9%
Construction	30,011	12%
Educational services, and health care and social assistance	22,258	8.9%
All other industries	59,771	23.0%
Total	250,088	100%

Private employers will play a key role in the success of the Exchange; in particular, employers in the five largest industries should be consulted in the planning and implementation phases, as their assistance with outreach and education efforts may be helpful.

EARNINGS AND INCOME

- As expected, Nevada's uninsured have lower average income than the overall population.
- In 2009, the median earnings per working age person in Nevada were $29,904; among the uninsured, earnings averaged $17,913.
- Also in 2009, the median household income for the State was $53,230, but was only $32,004 among the uninsured.
- The table below shows data for a sample of households in Nevada for whom the US Census Bureau was able to estimate the federal poverty level (N= 2,596,583).
- Three-quarters (75.8%) of uninsured in this sample (N=569,392) are below 300% FPL.
- 42% of the uninsured fall below 150% FPL.
- 34% are between 150% and 299% FPL.
- The remaining 24% are above 300% FPL.

TABLE 7: NEVADA'S AND UNITED STATES' UNINSURED BY POVERTY LEVEL, 2009 [20]

	TOTAL NEVADA POPULATION	NEVADA'S UNINSURED	% OF NEVADA'S TOTAL POPULATION	% OF NEVADA'S UNINSURED	% OF US UNINSURED
Below 50% FPL	142,812	64,911	5.5%	11.4%	12.1%
Between 50% and 99% of FPL	179,164	68,896	6.9%	12.1%	14.2%
Between 100% and 149% of FPL	254,465	103,629	9.8%	18.2%	16.5%
Between 150% and 199% of FPL	249,272	78,007	9.6%	13.7%	14.3%
Between 200% and 299% of FPL	475,175	116,156	18.3%	20.4%	19.5%
At or above 300% of FPL	1,295,695	137,793	49.9%	24.2%	23.5%
Total	2,596,583	569,392	100%	100%	100%

REGIONAL ANALYSIS OF NEVADA'S UNINSURED

The geographic dispersion of Nevada's uninsured population is roughly proportionate to population densities; i.e. Clark County accounts for roughly 73% of the State's overall population and 73% of the State's uninsured.

Clark County's uninsured, like Clark County's overall population, includes a higher percentage of Spanish-only speakers, fewer native-born U.S. citizens, more foreign-born residents, and more non-US citizens. [21]

TABLE 8: PERCENTAGE OF NEVADA AND CLARK COUNTY UNINSURED BY CITIZENSHIP AND RESIDENCY STATUS, 2009

	% OF THE UNINSURED POPULATION IN CLARK COUNTY	% OF THE UNINSURED POPULATION IN NEVADA	DIFFERENCE TO STATE POPULATION
Native born US Citizens	61.3%	65.2%	-3.9%
Non-citizens	32.4%	28.9%	3.5%
Foreign born	38.7%	34.8%	3.9%
Spanish only spoken in the home	12.3%	10.9%	1.4%

The table below provides estimates on the number of uninsured individuals in Clark County by federal poverty level. [22]

	ESTIMATES OF THE UNINSURED POPULATION IN CLARK COUNTY	% OF THE UNINSURED POPULATION IN CLARK COUNTY
Below 50% of FPL	46,457	11.1%
50% to 99% of FPL	49,805	11.9%
100% to 149% of FPL	75,754	18.1%
150% to 199% of FPL	59,850	14.3%
200% to 299% of FPL	86,635	20.7%
At or above 300% of FPL	100,028	23.9%
Total	418,529	100%

BUSINESS PLANNING USING NEVADA SPECIFIC UNINSURED DATA AND INFORMATION

The following key findings and recommendations are from Public Consulting Group, the vendor that carried a needs assessment of Nevada's Uninsured for the Nevada Department of Health and Human Services, 2011.

BUSINESS PLANNING	KEY FINDING	RECOMMENDATION
Outreach / Enrollment	Nevada's uninsured population, in relative terms, is larger than almost all other states. The State has a large number of young, poor and minority residents who are without health insurance.	Marketing of health products offered through the Exchange must take into consideration the best strategies for reaching a younger, predominantly male, non-college educated population. In addition, outreach efforts should target, in particular, the large Hispanic/Latino population in Nevada, which comprise a disproportionate share of the uninsured.
Outreach / Enrollment	9 out of 10 of the uninsured in Nevada reported living in the same county where they had lived in the prior year.	Outreach efforts should take advantage of any available county-level resources. Partnerships might be established with county authorities, organizations and medical providers (i.e., hospitals or health clinics).
Exchange / Commercial Insurance Co-ordination	Over 50% of the State's uninsured report being employed in some capacity.	The Exchange should work with the State's employers to reach a large working uninsured population that is likely to cycle between eligibility categories and coverage options.
Public Program Coordination	Nevada has a relatively large percentage of young people and children who are uninsured.	The Exchange must coordinate activities with other public medical coverage programs (i.e., Medicaid and Nevada Check-Up). Outreach and enrollment efforts will need to be coordinated and focused on younger residents, given their size and their favorable risk profile. Including these people in the commercial risk pool may be crucial to the Exchange success and to stabilize premiums across the individual insurance market.

Public Program Coordination	Over 40% of the uninsured in Nevada are estimated to have family income below 150% FPL and roughly one in four are below 100% FPL; the uninsured also report higher percentages of unemployment and lower levels of full-time work.	Outreach and enrollment efforts should seek to enroll eligible uninsured residents into Medicaid and Check Up. Furthermore, because of the inconsistent and irregular nature of employment among the uninsured, the Exchange must be equipped to manage and track a population that will cycle in and out of public programs and/or between subsidy levels during the year.
Other Business Planning Challenges	Over 22% of the uninsured are non-citizens and some may not be legal US residents.	The State's eligibility process will need to exchange data with the federal government to validate both citizenship and legal residency status. In addition, the State should consider developing a strategy to provide support to providers (i.e., hospitals) who will continue to provide health care for people who will not be eligible for publicly-subsidized coverage.

ETHNICITY BY COUNTY – FOR OUR USE IN OUTREACH, MEDIA AND MESSAGING PLANNING:

(Information on cultural sub-sets by northern Nevada, Southern Nevada, major rural communities):

CHURCHILL COUNTY

- Population, 2010: 24,877
- White persons, percent, 2011: 85.6%
- Black persons, percent, 2011: 2.1%
- American Indian and Alaska Native persons, percent, 2011: 5.1%
- Asian persons, percent, 2011: 3.1%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.3%
- Persons of Hispanic or Latino Origin, percent, 2011: 12.7%

CLARK COUNTY:

- Population, 2010: 1,951,269
- White persons, percent, 2011: 73.8%
- Black persons, percent, 2011: 11.0%
- American Indian and Alaska Native persons, percent, 2011: 1.2%
- Asian persons, percent, 2011: 9.1%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.8%
- Persons reporting two or more races, percent, 2011: 4.0%
- Persons of Hispanic or Latino Origin, percent, 2011: 29.7%

DOUGLAS COUNTY

- Population, 2010: 46,997
- White persons, percent, 2011: 92.5%
- Black persons, percent, 2011: 0.6%
- American Indian and Alaska Native persons, percent, 2011: 2.1%
- Asian persons, percent, 2011: 1.7%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.2%
- Persons reporting two or more races, percent, 2011: 2.8%
- Persons of Hispanic or Latino Origin, percent, 2011: 11.3%

ELKO COUNTY

- Population, 2010: 48,818
- White persons, percent, 2011: 89.5%
- Black persons, percent, 2011: 1.1%

- American Indian and Alaska Native persons, percent, 2011: 6.0%
- Asian persons, percent, 2011: 1.0%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.2%
- Persons reporting two or more races, percent, 2011: 2.2%
- Persons of Hispanic or Latino Origin, percent, 2011: 23.5%

ESMERALDA COUNTY

- Population, 2010: 783
- White persons, percent, 2011: 92.1%
- Black persons, percent, 2011: 0.0%
- American Indian and Alaska Native persons, percent, 2011: 4.5%
- Asian persons, percent, 2011: 0.4%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.0%
- Persons reporting two or more races, percent, 2011: 3.0%
- Persons of Hispanic or Latino Origin, percent, 2011: 16.9%

EUREKA COUNTY

- Population, 2010: 1,987
- White persons, percent, 2011: 93.6%
- Black persons, percent, 2011: 0.6%
- American Indian and Alaska Native persons, percent, 2011: 2.8%
- Asian persons, percent, 2011: 1.0%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.0%
- Persons reporting two or more races, percent, 2011: 2.1%
- Persons of Hispanic or Latino Origin, percent, 2011: 12.6%

HUMBOLDT COUNTY

- Population, 2010: 16,528
- White persons, percent, 2011: 91.1%
- Black persons, percent, 2011: 0.9%
- American Indian and Alaska Native persons, percent, 2011: 4.7%
- Asian persons, percent, 2011: 0.9%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.2%
- Persons reporting two or more races, percent, 2011: 2.2%
- Persons of Hispanic or Latino Origin, percent, 2011: 24.7%

LANDER COUNTY

- Population, 2010: 5,775
- White persons, percent, 2011: 91.8%
- Black persons, percent, 2011: 0.8%
- American Indian and Alaska Native persons, percent, 2011: 5.1%
- Asian persons, percent, 2011: 0.4%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0%
- Persons reporting two or more races, percent, 2011: 1.9%
- Persons of Hispanic or Latino Origin, percent, 2011: 22.3%

LINCOLN COUNTY

- Population, 2010: 5,345
- White persons, percent, 2011: 93.0%
- Black persons, percent, 2011: 2.6%
- American Indian and Alaska Native persons, percent, 2011: 1.4%
- Asian persons, percent, 2011: 0.8%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.3%
- Persons reporting two or more races, percent, 2011: 2.0%
- Persons of Hispanic or Latino Origin, percent, 2011: 6.6%

LYON COUNTY

- Population, 2010: 51,980
- White persons, percent, 2011: 90.7%
- Black persons, percent, 2011: 1.2%
- American Indian and Alaska Native persons, percent, 2011: 3.1%
- Asian persons, percent, 2011: 1.5%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.3%
- Persons reporting two or more races, percent, 2011: 3.2%
- Persons of Hispanic or Latino Origin, percent, 2011: 15.4%

MINERAL COUNTY

- Population, 2010: 4,772
- White persons, percent, 2011: 73.9%
- Black persons, percent, 2011: 4.4%
- American Indian and Alaska Native persons, percent, 2011: 16.0%
- Asian persons, percent, 2011: 1.4%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.2%

- Persons reporting two or more races, percent, 2011: 4.0%
- Persons of Hispanic or Latino Origin, percent, 2011: 10.4%

NYE COUNTY

- Population, 2010: 43,946
- White persons, percent, 2011: 90.6%
- Black persons, percent, 2011: 2.3%
- American Indian and Alaska Native persons, percent, 2011: 1.9%
- Asian persons, percent, 2011: 1.6%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.6%
- Persons reporting two or more races, percent, 2011: 3.0%
- Persons of Hispanic or Latino Origin, percent, 2011: 13.8%

PERSHING COUNTY

- Population, 2010: 6,753
- White persons, percent, 2011: 88.3%
- Black persons, percent, 2011: 4.0%
- American Indian and Alaska Native persons, percent, 2011: 4.0%
- Asian persons, percent, 2011: 1.3%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.1%
- Persons reporting two or more races, percent, 2011: 2.3%
- Persons of Hispanic or Latino Origin, percent, 2011: 22.5%

STOREY COUNTY

- Population, 2010: 4,010
- White persons, percent, 2011: 93.2%
- Black persons, percent, 2011: 1.1%
- American Indian and Alaska Native persons, percent, 2011: 1.8%
- Asian persons, percent, 2011: 1.6%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.4%
- Persons reporting two or more races, percent, 2011: 1.9%
- Persons of Hispanic or Latino Origin, percent, 2011: 6.0%

WASHOE COUNTY

- Population, 2010: 421,407
- White persons, percent, 2011: 86.1%
- Black persons, percent, 2011: 2.6%
- American Indian and Alaska Native persons, percent, 2011: 2.1%
- Asian persons, percent, 2011: 5.5%

- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.7%
- Persons reporting two or more races, percent, 2011: 3.1%
- Persons of Hispanic or Latino Origin, percent, 2011: 22.7%

WHITE PINE COUNTY

- Population, 2010: 10,030
- White persons, percent, 2011: 87.9%
- Black persons, percent, 2011: 4.2%
- American Indian and Alaska Native persons, percent, 2011: 4.4%
- Asian persons, percent, 2011: 1.1%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.1%
- Persons reporting two or more races, percent, 2011: 2.3%
- Persons of Hispanic or Latino Origin, percent, 2011: 14.0%

CARSON CITY

- Population, 2010: 55,274
- White persons, percent, 2011: 90.1%
- Black persons, percent, 2011: 2.2%
- American Indian and Alaska Native persons, percent, 2011: 2.6%
- Asian persons, percent, 2011: 2.3%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.3%
- Persons reporting two or more races, percent, 2011: 2.6%
- Persons of Hispanic or Latino Origin, percent, 2011: 22.0%

NEVADA

- Population, 2010: 2,700,551
- White persons, percent, 2011: 77.7%
- Black persons, percent, 2011: 8.6%
- American Indian and Alaska Native persons, percent, 2011: 1.6%
- Asian persons, percent, 2011: 7.7%
- Native Hawaiian and Other Pacific Islander persons, percent, 2011: 0.7%
- Persons reporting two or more races, percent, 2011: 3.7%
- Persons of Hispanic or Latino Origin, percent, 2011:27.1%

II. NEW PRIMARY RESEARCH – FOCUS GROUPS COMPLETED IN JANUARY 2013:

Four focus groups (two in English, 21 participants; two in Spanish, 17 participants) were completed by the Canon Research Center of the University of Nevada, Las Vegas on January 30 and 31, 2013, with three primary research objectives:

- Determine level of awareness and understanding of the Exchange concept and what it will mean to them as consumers, and potential obstacles to using the Exchange
- Determine preferences for naming and describing the Exchange concept in Nevada
- Determine preferences for style and tone of messaging about the Exchange for marketing materials

RECRUITMENT METHODOLOGY

A Spanish surname sample consisting of 250 names was purchased from Survey Sampling International, and calls were made to solicit participants for the Spanish groups, specifically. For both English and Spanish groups, flyers were distributed to various departments on UNLV campus including Educational Outreach, Women's Center and the Free Speech Area. Fliers were also distributed throughout the area to locations such as the Community Multicultural Center, Nevada Job Connect, the Medicaid/WIC Office and the Urban League.

The focus groups took place at UNLV's Paradise Campus, which is close to the bus line, providing easy access to the focus group location for participants.

TARGETS RECRUITED:

- Uninsured and underinsured individuals with incomes less than 200% FPL, between 200 and 400% FPL, and Latinos with incomes less than 400% FPL
- English Groups, Ages 21-65, Incomes $17,000-$50,000
- Spanish Groups, Ages 21-65, Incomes $17,000-$39,000

FOCUS GROUP KEY FINDINGS

ENGLISH GROUPS:

- Like Nevada and Solutions (plural) in the title
- Favorite name: Nevada Health Insurance Solutions
- Solutions indicates they have options solves a problem
- 9 of the 21 English participants selected Nevada Health Insurance Solutions as their first or second choice and 7 selected Nevada Health Benefit Solution as a first or second choice
- Participant quote: "The word solution is kind of nice because it seems like when it comes to the Affordable Care Act a lot of people are really confused and they feel like it's going to leave them in a place that they can't afford to follow the law or that they're going to be penalized, like there's so much fear about what's going to happen that the term solution is just really relieving."
- Nevada Health benefit source/resource– benefit sounds like welfare; resource is a better word

SPANISH GROUPS:

- Majority of the Spanish participants preferred the name "My Health Insurance Nevada"
- Participants felt a personal connection to "my"
- Participants liked the connection between "my" and "health insurance"
- Participants also felt the name was simple, direct, and easy to remember
- Spanish participants felt "easy" and "affordable" were very important and should be used in describing the healthcare exchange
- Participants also felt "Health Insurance" should be using in naming the healthcare exchange, but want something more specific to them, e.g. Health Insurance for Hispanics/Latinos
- Participants would like to see "Hispanic" or "Latino" in the name

OTHER KEY FINDINGS RELATING TO THE EXCHANGE:

ENGLISH GROUPS:

- Little awareness of ACA and changes
- The term "exchange" does not hold meaning or resonate with this audience
- Most have shopped online for health insurance
- Most have not purchased due to price point - single most important factor to this audience is cost
- Connect, link and solution resonated well
- Names with the word "my" were well favored
- Health insurance is a serious subject, and should be communicated as such
- Spokesperson should be a "guy like me" (no endorsements by celebrities or political figures)

SPANISH GROUPS:

- High costs have prevented participants from purchasing health insurance
- Most attendees had no health insurance; those who did had work-provided and had not shopped
- Participants have not shopped for health insurance or looked for information on the internet, relying rather on word-of-mouth or information provided at work
- Very few participants had ever heard the term "health insurance exchange"
- The few who had, weren't too familiar with the details

Additional focus groups and cognitive testing group analysis will be used to test logo/visual identity and marketing messaging/concepts at a later stage.

III. THE RESULTING STRATEGY:

PRIORITY TARGETS, BASED UPON DEMOGRAPHIC DATA:

YOUNGER FAMILIES WITH CHILDREN

Due to Nevada's high percentage of uninsured children, and parents' stated priorities on covering their children even if they can't afford coverage for themselves, we recommend a special initiative and messaging for this population. With 1 in 4 families at 200% FPL and below having uninsured children, this is a priority segment. We will assume that our campaign will have target messaging for two sub-segments:

- Latino
- Non-Latino

With Clark County's higher overall percentage of uninsured within the state, and a higher percentage of the uninsured Latino population, campaign resources will be allocated accordingly to especially reach this population through outreach and marketing communications in southern Nevada. We will allocate resources by uninsured population per county.

YOUNG ADULTS, PREDOMINANTLY MALES

This is a very large cluster of the uninsured in Nevada. It is young adults, 21 to 29, predominantly male and is likely to possess only a high school diploma, if at all. 60% of all uninsured Nevadans are under the age of 35. This demographic cluster relates to what the prior Exchange research has termed the Young Invincibles market, and which most likely fall into the CMS cluster called the Healthy and Young (see below). Although this is a large cluster, they are less predisposed to purchase health insurance, even if low priced. The catastrophic coverage products may be something that may be of interest - if at all- to this market. We will assume that our campaign will have target messaging for two sub-segments:

- Latino
- Non-Latino

With Clark County's higher overall percentage of uninsured within the state, and a higher percentage of the uninsured Latino population, campaign resources will be allocated accordingly to especially reach this population through outreach and marketing communications in southern Nevada. We will allocate resources by uninsured population per county.

PRIORITY SEGMENTS BASED UPON PSYCHOGRAPHICS THAT CROSS DEMOGRAPHIC CATEGORIES:

THE SEGMENT THAT CMS CALLS "SICK AND WORRIED"

This crosses ages and racial/cultural groups even though it is mostly Gen X and Baby Boomers, FPL income levels and geography although we'd want to allocate resources by uninsured population per county. Nationally it accounts for 23.2 % of uninsured. This group has a strong interest in shopping in the new marketplace. Targeting should include messaging that appeals to their sense of concern about their health and potential medical bills, and the relief of getting well or staying healthy and independent. This is a large estimated segment size and has a high propensity to buy. This might include persons over 400% of poverty level that have not bought insurance previously due to expense or their pre-existing conditions. This segment has a high propensity to buy.

THE SEGMENT THAT ROBERT WOOD JOHNSON'S RESEARCH CALLED "EXPERIENCED AND ENTHUSIASTIC"

This group has just been WAITING for insurance they can afford. They've had some prior experience with health coverage but can't afford it now due to their income levels. They want it, know they need it, feel they are relatively healthy but cost has been the issue. This again crosses racial/cultural and geographical boundaries but we'd allocate resources by uninsured population per county. This segment has a high propensity to buy.

THE SEGMENT THAT CMS CALLS "HEALTHY AND YOUNG"

This crosses ages and racial/cultural groups, FPL income levels and geography although we'd want to allocate resources by uninsured population per county. Nationally it accounts for 19.6% of the uninsured population. They are typically healthier, do not feel that healthcare information is important and is not worried. Of this group, 54% said they are insured due to cost of insurance, and 62% said they were interested in shopping for insurance in the new marketplace. Motivators would include ability to maintain their vigorous health, make smart decisions, achieve potential, and family.

PRIORITY TONE/STYLE

Every research group (primary and secondary) indicated that the tone and words used in messaging should be serious, since insurance and the lack of insurance is a serious matter. A straight-forward, informational and to-the-point tone should be used; clever or "catchy" should be avoided. It is important to ensure that the Exchange isn't portrayed as "another insurance plan I can't afford," but that the Exchange is a place where the target audience can find an affordable healthcare plan that fits their needs and budget.

Many people living without insurance indicated that they wanted to see messages from "people like them" since popular stars or political figures just "don't understand what it would be like" to be them. Some indicated maybe wanting to see doctors telling the messaging although others were not inclined to have that spokesperson.

PRIORITY NAMING/TAGLINE CONSIDERATIONS

Based on our secondary research and primary focus group research, we know that the name of the organization and supporting taglines need to accomplish the following:

- Be clear and simple
- Convey a sense of seriousness
- Uses words like "connect," "solutions" or "link"
- Imply that the Exchange will give an opportunity to access affordable care
- Imply a trustworthy, reliable source of information
- References to future well-being and future financial protection was favored by focus groups
- References to self, family and community are positive concepts for the target - the word "my" tested well in focus groups
- Does not imply that the Exchange is only one plan or that it is an actual provider of health insurance
- Avoid the term "exchange" as it does not resonate with this audience
- Convey a sense of hope, that the exchange can provide the user with a solution (tagline specific)
- Ensure the name has a URL that is available for purchase

PRIORITY MESSAGING FOUNDATION

(To come at a later date, after second set of focus groups are completed, which will complement our secondary research.)

FOOTNOTES:

[2] Kaiser Family Foundation, (2009). The Uninsured: A Primer. Retrieved from http://kff.org/uninsured/upload/7451-05.pdf

[3] Bennett, I.M., Chen, J., Soroui, J.S., & White, S. (2009). The Contribution of Health Literacy Disparities in Self-Rated Health Status and Preventative Health Behaviors in Older Adults. Annals of Family Medicine. 7(3), 204-211.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2799039/

Sudore, L.R., & Schillinger, D. (2009). Interventions to Improve Care for Patients with Limited Health Literacy. Journal of Clinical Outcomes Management. 16(1), 20-29.

Bourne, P.A., Morris, C., Charles, A.D.C., Eldemire-Shearer, D., Kerr-Campbell, M.D., & Crawford, T.V. (2010). Health Literacy and Health Seeking Behavior

[4] Cordina, J., Pellathy, T., Singhal, S. (2009) The Role of Emotions in Buying Health Insurance. Retrieved from http://www.mckinseyquarterly.com/The_role_of_emotions_in_buying_health_insurance_2352 .

[5] Chan, D., Gruber, J. (2010) How Sensitive are Low Income Families to Price Differentials Across Health Plans Choices? Retrieved from www.aeaweb.org/aea/conference/program/retrieve.php?pdfid=184 .

[6] JD Power and Associates, 2010 Health Insurance Plan Satisfaction Study. Retrieved April 2010 from http://www.jdpower.com/insurance/articles/2010-Health-Insurance-Plan-Satisfaction-Study/page-2 .

[7] Harris Interactive, (2010) Blue Cross/Blue Shield Highest Ranked Health Insurance Company Among Consumers. Retrieved from http://www.harrisinteractive.com/NewsRoom/PressReleases/tabid/446/mid/1506/articleId/428/ctl/ReadCustom%20Default/Default.aspx .

[8] Source: http://www.harrisinteractive.com/NewsRoom/PressReleases/tabid/446/mid/1506/articleId/428/ctl/ReadCustom%20Default/Default.aspx

[9] Public Consulting Group (8/2011), Analysis of Un-Insured in Nevada, for State of Nevada Department of Health and Human Services. Retrieved from : http://www.exchange.nv.gov/uploadedFiles/exchangenvgov/Content/Reports/OverviewoftheUninsured--NV(080311)BobC.pdf

[10] Public Consulting Group (8/2011), Analysis of Un-Insured in Nevada, for State of Nevada Department of Health and Human Services. Retrieved from : http://www.exchange.nv.gov/uploadedFiles/exchangenvgov/Content/Reports/OverviewoftheUninsured--NV(080311)BobC.pdf

[11] Public Consulting Group (8/2011), Analysis of Un-Insured in Nevada, for State of Nevada Department of Health and Human Services. Retrieved from : http://www.exchange.nv.gov/uploadedFiles/exchangenvgov/Content/Reports/OverviewoftheUninsured--NV(080311)BobC.pdf

[12] US Census Bureau, American Community Survey 1-Year Estimates for 2009

[13] Public Consulting Group (8/2011), Analysis of Un-Insured in Nevada, for State of Nevada Department of Health and Human Services. Retrieved from : http://www.exchange.nv.gov/uploadedFiles/exchangenvgov/Content/Reports/OverviewoftheUninsured--NV(080311)BobC.pdf

[14] US Census Bureau, American Community Survey 1-Year Estimates for 2009

[15] US Census Bureau, American Community Survey 1-Year Estimates for 2009

[16] US Census Bureau, American Community Survey 1-Year Estimates for 2009

[17] US Census Bureau, American Community Survey 1-Year Estimates for 2009

[18] US Census Bureau, American Community Survey 1-Year Estimates for 2009, Selected Characteristics of the Uninsured in the United States, Geographic Area: State of Nevada, 2011

[19] Benjamin D. Sommers and Sara Rosenbaum "Issues In Health Reform: How Changes In Eligibility May Move Millions Back And Forth Between Medicaid And Insurance Exchanges" Health Affairs, February 2011 vol. 30 no. 2 228-236

[20] US Census Bureau, American Community Survey 1-Year Estimates for 2009, Selected Characteristics of the Uninsured in the United States, Geographic Area: State of Nevada, 2011. The total estimated lives shown here is slightly lower than other ACS total estimates provided elsewhere in this overview. The specific sample population for these tables included only households for whom the US Census Bureau could determine household income.

[21] US Census Bureau, American Community Survey 1-Year Estimates for 2009, Selected Characteristics of the Uninsured in the United States, Geographic Area: Clark County, Nevada, 2011

[22] US Census Bureau, American Community Survey 1-Year Estimates for 2009, Selected Characteristics of the Uninsured in the United States, Geographic Area: Clark County, Nevada, 2011